

HumanaVitality Screening Results Data Entry Instructions



Kentucky Health Departments

Version 1.1

March 22, 2012



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DOCUMENT INFORMATION**DOCUMENT HISTORY**

Version	Date Effective	Details
1.0	March 20, 2012	Version 1 of Document
1.2	March 22, 2012	Version 1.1 of Document with text changes and revised screenshot for entering results.

1 PATIENT SEARCH

Perform Patient Search to determine if Patient is already in the system.

- Enter Search Criteria

Search results are displayed at the bottom of the search screen.


- Select from Search Results.

PATIENT SEARCH

County: Birth Date:


Patient #: Birth State:


Chart #: Birth Country:


Hide Patient Search Criteria 

Last Name: Middle Name:

First Name: Maiden Name:

Show Mother Search Criteria 

Show Father Search Criteria 

Show Guardian Search Criteria 

SEARCH CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT

Visit Date:

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Patient #	Chart #	Full Name	Birth Date	Birth State
494232929		Betsy L Ford	6/25/1966	

1.1 NEW PATIENT

If patient is not in the System, add new patient after patient search.

- Click on New Registration.

Note: User must perform a search before New Registration feature is available for user. (Button will be gray)

PATIENT SEARCH

County Birth Date

Patient # Birth State

Chart # Birth Country

Hide Patient Search Criteria

Show Mother Search Criteria

Show Father Search Criteria

Show Guardian Search Criteria


Visit Date:

System Displays Add Patient Screen.

- Enter required items indicated with *.

Note: If reason for visit is only HumanaVitality Screening, use HumanaVitality for reason for visit code.

[Skip navigation links](#) [Populate Sample Data](#)

CDP cms **Kentucky Clinic Management** **Registration** 

ADD PATIENT

Clinic * Primary Language

Patient# * Chart #

Name (F,M,L) *

Birth Date * Gender * Privacy Policy Signed

Visit Information

Visit Date *

Reason(s) for Visit *

Patient Information

Mothers name(F,M,L)

Maiden name Prim Care Phy name

PCP # *

Address *

After data is entered:

- Click on Save & Portal.

Note: Make sure Humana insurance information is correct to ensure payment for the screening services.

CDP cms Kentucky **Clinic Management** Registration **Kentucky** UNLIMITED OPPORTUNITY

ADD PATIENT

Clinic: 500500 - LOCAL HEALTH TEST SITE Primary Language: [v]
 Patient#: 494232929 Chart #: [v] **NEXT CHART#**
 Name (F,M,L): Betty Ford Birth Date: 04/25/1966 Gender: Female Privacy Policy Signed: [v]
Visit Information
 Visit Date: 03/09/2012 Reason(s) for Visit: PAYMT
Patient Information
 Mothers name (F,M,L): [v] Maiden name: [v] Prim Care Phy name: [v]
 PCP #: 1A - NO Primary Care Provider (PCP) Address: 123 ANYSTREET LANE
 State: KY City/State/Zip: Frankfort, KY 40601 4 digit sub zip: [v] County Residence: LOCAL HEALTH
 Home Phone: [v] Cell Phone: [v] Work Phone: [v]
 Email: [v] Home Contact?: Yes [v] If no, How to contact?: [v]
 Homeless?: [v] Marital: [v] Migrant?: [v] Special Program?: [v]
 Hisp/Latino?: No [v]
 Race Code(s): [v] Available Codes: [v] Assigned Codes: [v]
Income
 Annual Amount: [v] Number in Household: 6 Income Assessed Date: [v]
Third Party
 Medicaid Eligible?: No [v] Medicaid #: [v] Presumptive Date: [v]
 VFC: [v] Medicaid MCO: [v] MCO Member #: [v]
 Kenpac Eligible?: No [v] Kenpac Phy/#: [v]
 Medicare Eligible?: No [v] Medicare Number: [v] Passport Advantage #: [v]
 KTAP?: No [v] Foodstamps?: No [v]
 Contracted Services: [v]
 Primary Insurance: HUMANA 3 Subscriber: 342435 Group #: 2323232323 Policy #: [v]
 Supplemental Insurance: [v] Subscriber Relation: [v] Insurance Member #: [v]
Voter
 Apply to Vote?: [v] Print Form?: [v]
Comments/Notes
 [v]
Labels
 Ref [v] Registration [v] Mailing [v] Lab [v] Chart [v] Chart2 [v] Alert [v]
SAVE SAVE & PORTAL SAVE & PATIENT SEARCH SAVE & PATIENT MENU PATIENT SEARCH

Note: The user has the option to print label. DO NOT print PEF labels.

1.2 PATIENT IS IN THE SYSTEM AND IS IN A HOUSEHOLD

- Search Household

HOUSEHOLD SEARCH

County: **SEARCH** **CLEAR**

Number

Household # **OR** EBT Card #

Household Data

Last Name
 Address
 Phone #

Patient Data

Patient #
 Last Name First Name
 Visit Date

HOUSEHOLD

NEW HOUSEHOLD **GO** Page 1 of 6 Size: 10

	Household #	Name	Address	City/State/Zip	Phone #	Status
	11	SMITH	123 WILDCAT LODGE	Latonia, KY 41015	(270) 666-7722	Active
	14	SMITH	123 ANYSTREET	88, KY 42130	(502) 695-1999	Active

- Select household from results.

Member page is displayed.

- Make sure that insurance is Humana and that the Humana ID is correct. (If not correct edit and save.)

Household Members - Microsoft Internet Explorer provided by CDP

https://portal.cdphs.com/UMH/HM/Members.aspx?hd=133/64&votdref=03/08/2012

File Edit View Favorites Tools Help

Household Members

MEMBER

Household

Status: Active County: LOCAL HEALTH Household #: 11
 Name: SMITH EBT Account #: 50011 **EDIT** **HH SEARCH** **EBT ACCT** **WIC INQUIRY**
 Address: 123 WILDCAT LODGE City/State/Zip: Latonia, KY 41015 Phone #: (270) 666-7722

Responsible Party

Name	Address	City/State/Zip
JANET JOHNSON	122 MAIN STREET	Frankfort, KY 40601
KEVIN KRING	344 ANYSTREET	Frankfort, KY 40601

Emergency Name

Name	Phone Number
JAMES MADISON	(502) 695-1978
TUBBY SMITH	(502) 695-1999

Medical Home

There are no records to display.

Member Reason For Visit

EDIT

There are no records to display.

Trusted sites | Protected Mode: Off

To edit insurance:

- Click on Edit.
- Enter or Correct Insurance. Humana should be primary insurance.

HOUSEHOLD (EDIT) - Microsoft Internet Explorer provided by CDP

https://portal.cdps.com/CMSHH/HouseholdEdit.aspx?pid=0&hid=155784&vstdate=3/8/2012

File Edit View Favorites Tools Help

HOUSEHOLD (EDIT)

Name Phone Number

X	JAMES MADISON	(502) 695-1978
X	TUBBY SMITH	(502) 695-1999

Primary Insurance Company

ADD

Name	Subscriber Name	Group Number	Policy Number
X 3 HUMANA	KEVIN KRING	123456	54321
X 2 BLUE CROSS	TUBBY SMITH	444555	554433

Supplemental Insurance Company

ADD

Name	Subscriber Name	Group Number	Policy Number
X 3 HUMANA	MARK COLE	4432	123321

Medical Home

ADD

There are no records to display.

SAVE SAVE & EBT CARD ISSUANCE CANCEL

PORTAL LOGOUT

CMS Household [v1.47.0.0 1/10/2012] Release Notes
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Done Trusted sites | Protected Mode: Off 100%

- Save
- Returns to member page
- Go to save and third party - Third party page – where user assigns insurance company to patient in household before registration.

Name	Subscriber Name	Group Number	Status
HUMANA	KEVIN KRING	123456	ACTIVE
BLUE CROSS	TUBBY SMITH	444555	ACTIVE

Name	Subscriber Name	Group Number	Status
HUMANA	MARK COLE	4432	ACTIVE

Member Reason For Visit

[EDIT](#)

There are no records to display.

Household Members

Visit Date: 03/08/2012 [SAVE](#) [CANCEL](#) [SAVE & MEMBER](#) [SAVE & INCOME/PROOFS](#) [SAVE & ISSUANCE](#)

<input type="checkbox"/>	Patient #	First Name	Birth Date	Medicaid Elig	Medicaid #	Medicare Elig	Medicare #	KTAP	Food Stamps	Undersigned	Primary Ins. Subscriber	Sub Relat	Ins
<input type="checkbox"/>	111222010	CHILD	1/1/2010	Y - YES	1231213211	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	111220009	MOTHER	5/30/1992	Y - YES	0000058965			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KEVIN KRING		

[PORTAL](#) [LOGOUT](#)

CMS Household [v1.47.0.0 1/10/2012] [Release Notes](#)
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1.3 REGISTER AN EXISTING PATIENT

- Perform patient Search.
- Select patient by clicking on the icon on the search window.

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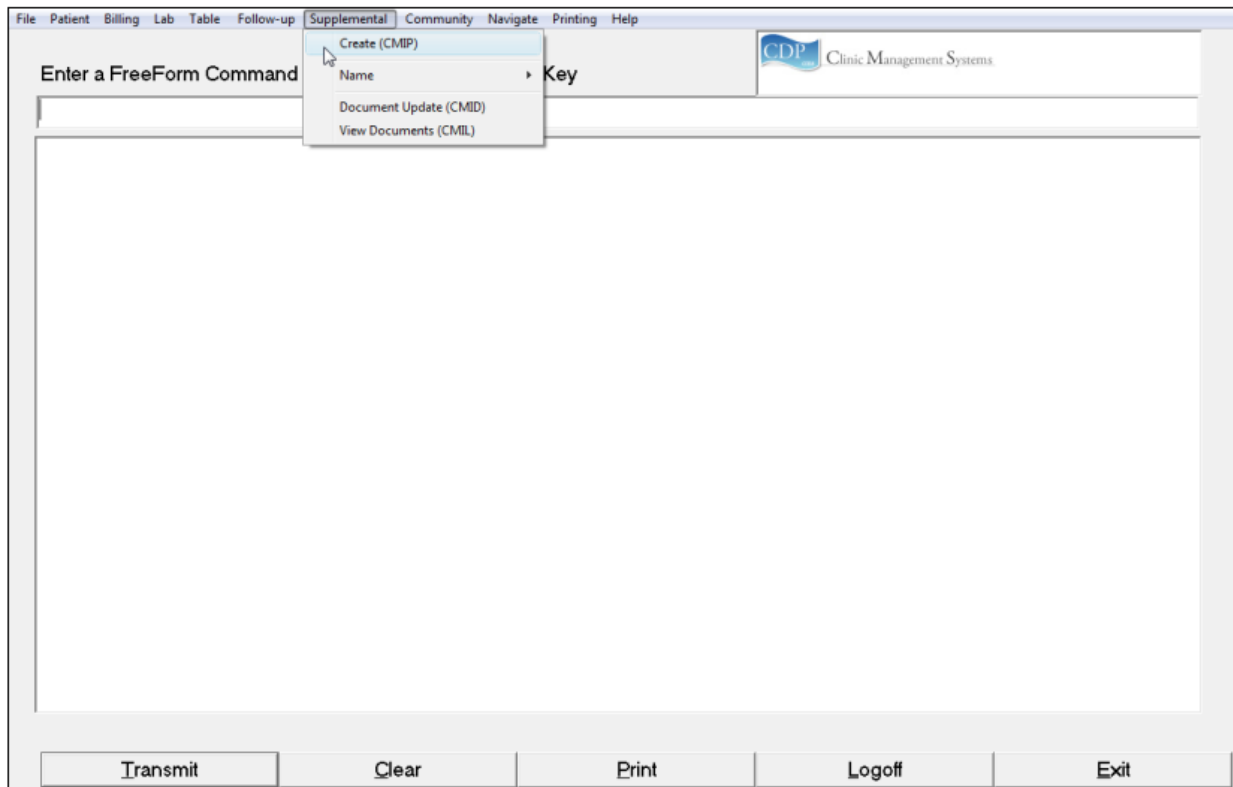
	Patient #	Chart #	Full Name	Birth Date	Birth State
	111220009	12508	MOTHER SMITH	5/30/1992	

- Verify patient information particularly insurance ID.

2 ENTER HUMANAVITALITY SCREENING INFORMATION

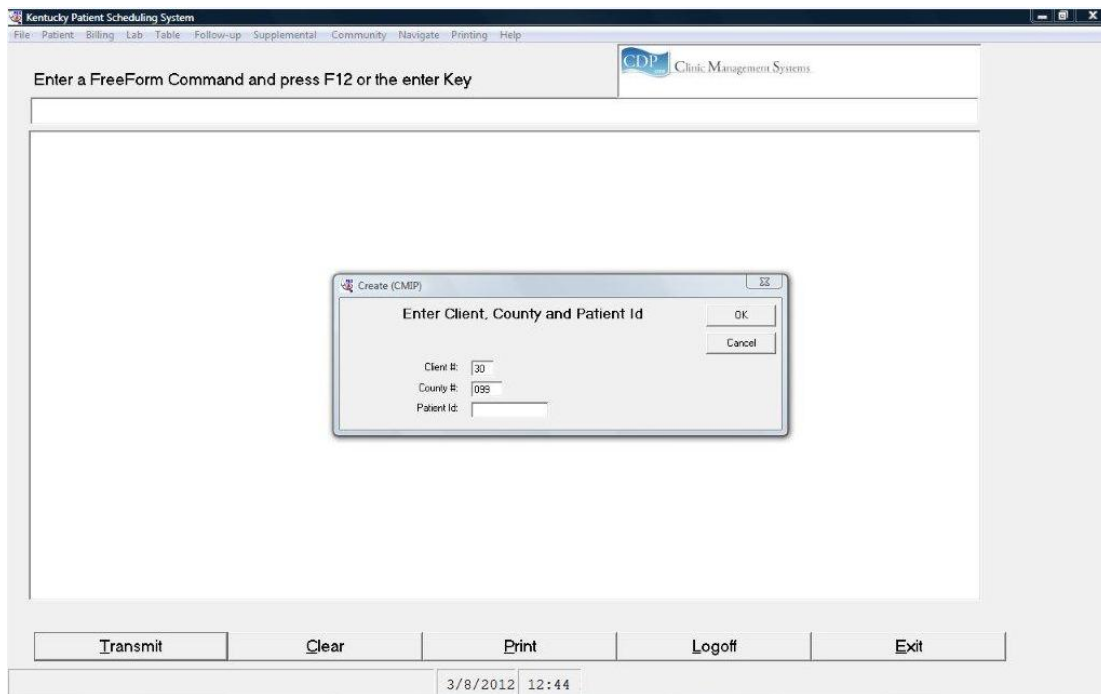
2.1 FROM GUI

- Go to Supplemental tab.
- Click on the Create (CMIP)



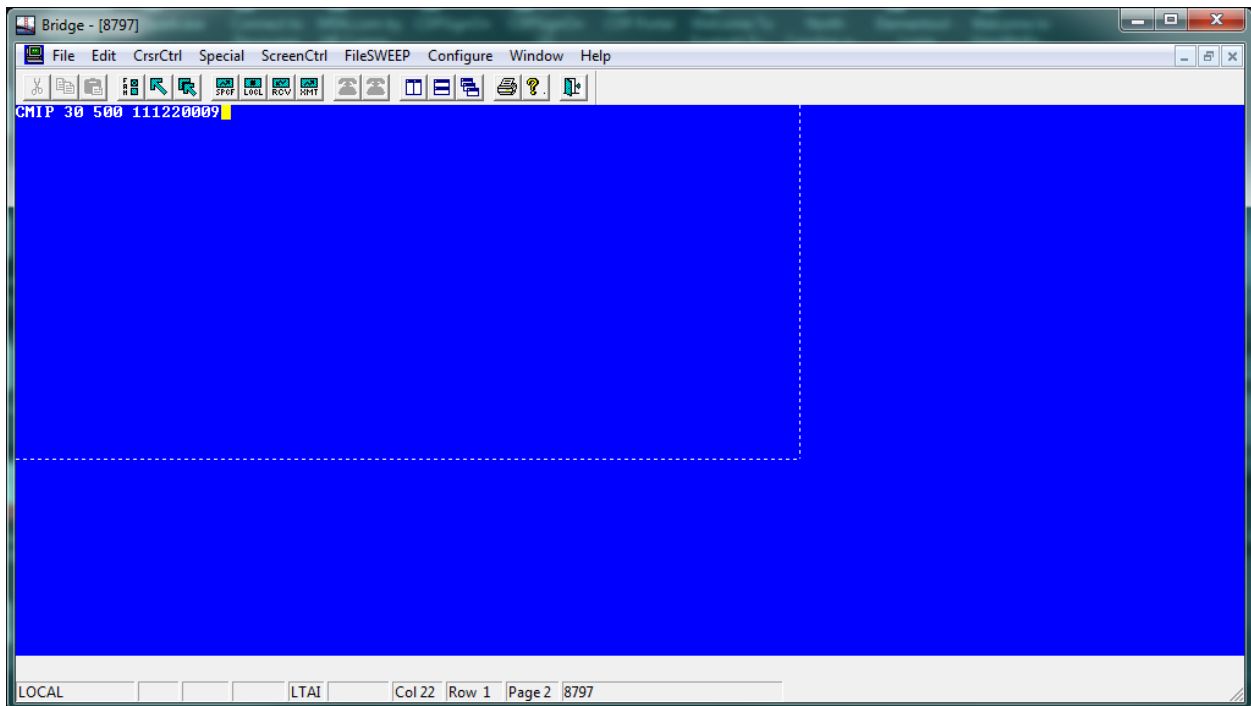
A new window is provided for the user to enter Patient ID.

- Enter Patient ID and Click on OK.



2.2 FROM BRIDGE

- Go to Bridge Screen
- Enter CMIP 30 018 and Patient ID.



2.3 ENTER INFORMATION IN SUPPLEMENTAL SCREEN

Screen displays for Supplemental Patient Services.

- Enter Contact Date, Provider ID, and Y for HumanaVitality.
- Click on Transmit.

Supplemental Patient Services

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

--- Patient Encounter System / Patient Services / Supplemental ---

Client Actn Hid/Loc/Site Patient Id Chk Medicaid #

30 N 500 500 111220009 0000058965

Document #:

Place of Service:

Contact Date: 01/09/12

1) Patient Name (L,F,M) SMITH MOTHER

2) Home Phone (270) 666-7722

3) Name of Parent/Caretaker(L,F,M)

4) Mdcid Y 5) E Beg Dt / / BCCIP Treatment End Dt / /

6) N/A Part # 7) Member# 8) AuthRef

9) Pria Health Prov 10) Medicare Eligible N 11) Mdcr/CBIS#

12) KIAP N 13) Food Stamps Y 14) Race W Y B N A H Ethnic N

15) Sex F 16) Birth Dt 05/30/1992

17) Medical Rec# 12508 18) HANDS FamID# HANDS Fam Level

19) Service Cd 20) Units 21) Result 22) Rslt Post Dt / /

23) Provider Id# A1001 24) Referral/Specimen Codes

Well Depth 0-50 51-100 101-150 151-500 >500 Unknown

25) Charge 26) Disposition of Pt 27) Mommy and Me Pat N

28) Next Appt Dt / / 29) # of Labels 30) Next Pat Id #

31) TB Activity # 32) Humana Vitality Y

Transmit

Screen will display for the user to enter results.

- Enter results from screening using the consent and results form.
- Click on Transmit.

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

Humana Vitality Results Posting

500500 Act C Patient Id 111220009 Visit Dt 03092012

Patient Name : MOTHER SMITH Birth Dt 05/30/1992

Subscriber# :

Total Cholesterol (TC): 176 mg/dl HDL Cholesterol : 36 mg/dl

Triglycerides LDL : 128 mg/dl Ratio of Total/HDL:

Glucose : 94 mg/dl Systolic/Diastolic BP : 138 / 81

Height : in or ft 6 0 in

Weight : 170 lbs Waist : 36 in

Contineine Test Result : P=Positive N=Negative

Contineine Score : mg/dl

Contineine Score Type: 1=Blood 2=urine 3=saliva

HbA1c : % GFR:

Waist Hip Ratio :

VLDL Cholesterol: mg/dl

LDL-HDL Ratio : mg/dl

Record Setup Dt : 03/09/2012 Last Update : 03/09/2012

Transmit

System displays a status message indicating that the screening has been processed.

- Click on OK.

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

Humana Vitality Results Posting

500500 Act ☒ Patient Id 111220009 Visit Dt 03092012
 Patient Name : MOTHER SMITH Birth Dt 05/30/1992
 Subscriber# :

Total Cholesterol (TC) : mg/dl HDL Cholesterol : mg/dl
 Triglycerides - LDL : mg/dl Ratio of Total/HDL :
 Glucose : mg/dl Systolic/Diastolic BP : /
 Height : in or ft in
 Weight : lbs
 Continine Test Result : P=Positi
 Continine Score : mg/dl
 Continine Score Type: I=Blood
 HbA1c : % GFR:
 Waist Hip Ratio :
 VLDL Cholesterol: mg/dl
 LDL-HDL Ratio : mg/dl

Record Setup Dt : 03/09/2012 Last Update : 03/09/2012

Transmit

Status Line Message
 SCREEN PROCESSED
 OK

2.4 ENTERING RESULTS AT A LATER DATE

To select a Humana Vitality Record to enter additional screening information or edit information, search for patient by name.

- Enter some or all of patient name.

Kentucky Patient Scheduling System

File Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

Enter a FreeForm Command and press F12 or the enter Key

PEVN 30 500500 M SMITH

CDP Clinic Management Systems

System will display the results form for entering information.

- Select Record in the check box next to the patient name.

Patient	Name	Patient Id	Birth Date	Visit Date
ANN	SMITH	548942348	03/09/2009	02/23/2010
MOTHER	SMITH	111220009	05/30/1992	03/08/2012
MOTHER	SMITH	111220009	05/30/1992	03/09/2012

To select a Humana Vitality Record for entering additional screening information or edit information, search for patient by ID.

Enter Patient ID

Enter a FreeForm Command and press F12 or the enter Key

PEVI 30 500500 111220009

System will display the results form for entering information.

- Select Record in the check box next to the patient name.

List of Humana Vitality Records for Patient

Patient Id: 111220009

Name: MOTHER SMITH

Sex: F Birth: 05/30/1992

Visit Date	Record
03/08/2012	00000011
03/09/2012	00000015

Complete the date editing and entry as instructed and save edits.

3 CDP CUSTOMER SUPPORT

CDP Customer Support

customersupport@cdpehs.com

Phone 1-866-237-4814 or 502-695-1999